



**DISTRICT OF COLUMBIA  
CHILD AND FAMILY SERVICES AGENCY  
SAFETY PLAN**

1. What is the specific action or concern that caused the child(ren) to be unsafe? State so that everyone participating in the plan can understand what the concern is and which child(ren) it applies to.

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2. What action will be taken right now and by whom, and by when, in order to keep the child(ren) safe?

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3. Who is participating in the plan? (At least one participant must be the parent or legal guardian of the child(ren) in question.) List names and contact information. Include relationship to the child(ren).

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4. What is the timeframe for this plan? When will it be reviewed? (Participants are to review the plan together at least once a week, but more frequently if appropriate.)

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I understand and agree that my participation in this safety plan is necessary to address the concerns identified by the persons signing below, and the Child and Family Services Agency. I agree with the action steps listed herein, and I acknowledge that my failure to abide by or follow through on these action steps may result in CFSFA action to remove the child from the home and place the child into foster care.





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I understand that this safety plan does not give anyone legal custody of the child and any person may seek to obtain legal custody in the Domestic Relations Branch of the D.C. Superior Court. Obtaining legal custody is not a requirement of this safety plan.

I agree to call the CFSA Child Abuse and Neglect Hotline at (202) 671-SAFE (7233) if, at any time, I believe that the child(ren) are no longer safe.

<i>Safety Plan Date:</i>	<i>Expiration Date:</i>
<i>Participant Signature:</i>	<i>Printed Name:</i>
<i>Participant Signature:</i>	<i>Printed Name:</i>
<i>Participant Signature:</i>	<i>Printed Name:</i>
<i>Social Worker Signature:</i>	<i>Printed Name:</i>

